

18-20-01 A

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Please type a plus sign (+) inside this box →

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	TI-30253
		First Inventor	Steven R. Jahnke, et al.
		Title	Immediate Grant Bus Arbiter for Bus System
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	EL645453719

09/922718
08/17/01

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies </p>	
<p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <ul style="list-style-type: none"> [Total Sheets 4] [Total Pages 1] </p> <p>5. <input type="checkbox"/> Oath or Declaration <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____ / _____

Group / Art Unit: _____

Prior application information: _____ Examiner: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		23494 (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below
NAME	Robert D. Marshall, Jr.		
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	(972) 917-5290	FAX (972)-917-4418

Name (Print/Type)	Robert D. Marshall, Jr.	Registration No. (Attorney/Agent)	28,527
Signature			Date
			August 17, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10/17/80
U.S. PTO

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Express Mailing Label No.: EL645453719

TOTAL AMOUNT OF PAYMENT	(\$)	710.00
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Complete If Known	
Application Number	
Filing Date	August 17, 2001
First Named Inventor	Steven R. Jahnke, et al.
Examiner Name	
Group Art Unit	

Attorney Docket No.	TI-30253
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METHOD OF PAYMENT

1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
Deposit Account Number 20-0668
Deposit Account Name Texas Instruments Incorporated
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27

2. <input type="checkbox"/> Payment Enclosed:
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)			(\$710)

2. EXTRA CLAIM FEES

Extra Claims		Fee from below	Fee Paid					
Total Claims	7	-20** =	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px;">0</td></tr><tr><td style="padding: 2px;">18</td></tr></table> = <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px;">18</td></tr></table>	0	18	18		
0								
18								
18								
Independent Claims	1	-3** =	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px;">0</td></tr><tr><td style="padding: 2px;">80</td></tr></table> = <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px;">0</td></tr><tr><td style="padding: 2px;">270</td></tr></table> = <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px;">0</td></tr></table>	0	80	0	270	0
0								
80								
0								
270								
0								
Multiple Dependent								
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	Fee Description					
103	18	203	9					
102	80	202	40					
104	270	204	135					
109	80	209	40					
110	18	210	9					
SUBTOTAL (2)		(\$ 0)						

***or number previously paid, if greater; For Reissue, see above*

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
144	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	130	123	130
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

Complete (if applicable)

SUBMITTED BY	Robert D. Marshall, Jr.	Registration No. (Attorney/Agent)	28,527
Name (Print/Type)		Telephone	(972) 917-5290
Signature	<i>Robert D. Marshall, Jr.</i>		
	Date	August 17, 2001	